

The next case I have selected is that of a negro. Catherine, twenty years old, had been attacked with pleurisy seven days before I saw her; she had been bled, but not sufficiently, and had taken a cathartic and two emetics of the sulphas zinci; when I saw her, gastritis had been superinduced, her pulse was quick and small, there was great distress and oppression in the epigastrium, the tongue was dark, and she was comatose when not roused. The cough was not troublesome, the expectoration was copious, and the respiratory murmur as distinct as usual, there was no evidence of effusion in the thorax. Believing her to be suffering more from mal-practice than from the original disease, I directed my efforts to the purpose of subduing the gastric irritation which I attribute to the emetics. I cupped her over the epigastrium, and gave her small quantities of flaxseed mucilage cold frequently. The disordered intelligence soon improved, and the tongue became clean; but having indulged in the use of food at night, all her symptoms became worse, and her disease appeared to be approaching a fatal termination. I directed blisters to the legs and abdomen, purgative enemata and gum Arabic water. The termination of her disease was long doubtful, but she eventually recovered by a persistence in the use of mucilages and a rigid diet.

Bryan County, Georgia, January 15th, 1834.

ART. IV. *Thoughts on the Bilious Remittent, commonly called Congestive Fever.* By THEODORE BLAND DUDLEY, of Alexandria, Louisiana.

SOME one has said quaintly, but forcibly, that "words are the counters of wise men, but money of fools." It is much to be lamented, that in medicine, as well as in religion and politics, there should be so much of fanaticism prevail; words or names are substituted for things, and reasoning in a specious but delusive garb, often misleads even those who are most proud of assenting to nothing that is not sanctioned by its dictates. Why else is it, that some favourite dogma in our science, from the days of PARACELSUS to the present time, always has its day? SANGRADO with his warm water; BROWN with brandy and opium; RUSH with his lancet; to a host of minor luminaries, with their drachms of calomel, which they unceasingly pour down without scruple.

These reflections have grown out of the present prevailing notion,

that calomel, and calomel alone, should be our sole reliance in the treatment of the various grades of remittent fever of southern climates. It is a Samson indeed, and its strength may be applied to useful and salutary purposes; but that does not warrant, in the eye of dispassionate and philosophical reasoning, the tearing down the temple, to the utter destruction of the edifice and its inmates.

The mode of reasoning of the advocates of this Herculean system is simply this, that in a certain form of fever commonly called congestive, there is an engorged state of that complex and important organ called the liver, whose office is the secretion of bile, so essential to the healthy action of the animal economy—that calomel having a more decided specific action on that organ than any other known agent, it must be given *ad infinitum*, till the liver is brought into subjection, and a healthy performance of its functions. This is plausible reasoning, and would be valid enough, if the fact be admitted, that it will generally produce the desired result without any concomitant evils; and it were equally well established, (as they assume,) that there are no other agents, which alone, and especially as adjunct to the mercurial system moderately enforced, will produce the desired result without its concomitant evils.

The theory that the mercurial fever is essential to subduing that already existing, is, I think, *toto cœlo*, fallacious. It has arisen from the fact, that in particular grades of morbid excitement in this congestive fever, when salivation is induced, the patient becomes convalescent; it is inferred from a very common, but fallacious mode of reasoning, (the placing effect for cause, and vice versa,) that salivation is essential to cure. But I believe that in every instance, where this state of things results, the same effect would have ensued from a much more simple and harmless procedure, the evacuant and sedative course; convalescence is more speedy, and the horrible consequences that occur when salivation cannot be induced, viz. mercurial gangrene often, and chronic mercurial disease generally would be obviated. I have witnessed in numerous cases the most shocking and deplorable consequences from this pernicious abuse of mercurials, the patient dying by inches, an object of the most intense and agonizing sympathy to the friends, and of loathing and horror to the spectator, of hopeless wretchedness.

The autumnal remittent, commonly called congestive fever, as it usually prevails in the southern part of the United States, and especially on Red River, where the writer of this article has seen and marked its character, commonly commences with the usual precursors of fever—languor; lassitude; indisposition to action; loss of appe-

tite; chill, not always distinctly sensible to the patient, but with evident shrinking of the extremities, followed by febrile paroxysm, more or less sensibly developed; yellow discoloration of the skin, and especially of the conjunctive coat of the eye. The patient for several days is able to go about, but finally confined by aggravation of all symptoms. Excessive irritability of stomach now comes on, accompanied by torpor of the bowels, which are with difficulty moved by ordinary cathartics. During the cold stage, which often continues from four to six hours, the irritability of stomach is greatly aggravated, and is indeed one of the most distressing and uncontrollable symptoms of the disease. The pulse is feeble and thready, not much increased in frequency, and greatly diminished in volume. The tongue is furred, and of various colours, from light brown to a dark inky hue; generally moist.

If this state of things is not met with promptitude and energy, there is a rapid decline of all the vital powers, and the patient dies on the seventh, ninth, or eleventh days. The disease invariably assumes the tertian type, the paroxysms being more violent on the alternate days; there is however a daily chill, which on the odd, or critical days, is greatly aggravated.

The indications of cure are obviously to equalize action, to abstract from organs most labouring under a suffocated state of excitement, and to invite action to those parts where there is an evident deficiency. With this view during the remissions, it is desirable to produce a prompt action on the bowels by cathartics, and of this class of medicines, I have found calomel combined with rhubarb alone, and sometimes with aloes, as in the following prescriptions, the most efficient. *R.* Merc. mit. gr. x. vel xij.; pulv. rhæi, ℥j. Or the following:—*R.* Merc. mit., pulv. rhæi, pulv. aloes socot. āā. gr. x. *M.* ft. pill. vel bolus. In from three to six hours, should there be no decided effect on the bowels, give an active dose of castor oil, and should this fail, cathartic enemata should be freely administered, till the desired effect be produced. During the hot stage, the free use of saline diaphoretics has the happiest effects in counteracting the unequal distribution of the excitement, tending to an evident mitigation of all the violent symptoms; as soon as diaphoresis manifests itself, with this view, whenever the hot stage is decidedly developed, unaccompanied by irritability of stomach and vomiting, the following prescription will prove highly beneficial. *R.* Antimon. tart. gr. j.; pulv. nitri. ℥ss.; aq. font. ℥vi. *M.* ft. mist. A table-spoonful to be given every hour till free perspiration supervene. Should the inflammatory action run high, and the above prescription

fail to produce the desired effect, the lancet should be called into its aid. But should there be great irritability of stomach, as is often the case, the following prescription should be substituted. *R.* Carb. potassæ, gr. x.; aq. funt. $\frac{3}{4}$.; succ. limon. q. s. ad ejus saturationem—quæque horâ adhibenda donec supervenerit diaphoresis.

Should this fail to allay the irritability and vomiting, apply a large blistering plaster over the region of the liver and stomach, and recur again to the purgative enemata, either of which remedies alone has the happiest effects in arresting vomiting, and relieving the sensation of anxiety and oppression, which are in most cases horribly severe.

In this state of things the patient often complains of intense burning sensations, and anxiously beseeches the use of the fan to produce ventilation; when the parts so complained of are greatly below the natural temperature; when the extremities are cold, and the general temperature of the body is below the healthy standard.

During the existence of this stage of the disease, so distressing to the patient, (for this is the period of greatest anxiety and suffering,) I have found the semicuprium followed by frictions, with a warm infusion of Cayenne pepper in brandy, to act most powerfully in producing revulsion: sometimes sinapisms or blistering are necessary to keep up a permanent impression: often hot bricks or bladders, or bottles filled with hot water, will have the desired effect.

There is always a marked alleviation of all the urgent symptoms of this fever as soon as free alvine evacuations are produced, which exhibit in colour and consistence almost every variety of shade. Sometimes in milder cases simple bilious discharges are produced, and such cases are soon brought to a favourable crisis, by keeping a constant eye to the free evacuation of the bowels during the remissions, and the use of the saline diaphoretics above-mentioned during the febrile paroxysms; but in other cases of aggravated forms of the disease, this desideratum is with difficulty obtained. There seems to be so great an accumulation of morbid secretions producing torpor of the bowels, that the most active cathartics appear feeble and inefficient; in this state the exhibition of active cathartic enemata as adjuvants is attended with the happiest and most decided good effects.

The writer has witnessed cases where the degree of exhaustion was so great that the patients had become pulseless, and all the ordinary preursors of approaching dissolution were rapidly developing themselves. When the exhibition of strong purgative enemata has been resorted to, bringing away copious acrid, vitiated secretions, there has been a return of pulse, and an increased strength and fulness after

each discharge, and this in cases too, where a timid and cautious practitioner would dread exhaustion from purgation.

Whenever local congestions exist, cupping and leeching are highly salutary—the pulse becoming slower and fuller, even after a very small abstraction of blood has taken place. As soon as this happy result occurs, viz. a more generally diffused state of the excitement, a remission of all the urgent symptoms immediately follows, and convalescence is speedily established, which requires little further to complete the cure than a due attention to the state of the bowels, and a strict regard to diet.

ART. V. *An Account of a New Instrument for Operating in Cases of Fistula in Ano.* By THOMAS D. MUTTER, M. D. one of the Physicians to the Philadelphia Dispensary, &c.

FROM the time of HIPPOCRATES down to the present day, no disease has excited more attention, and been studied with more success, than the one termed, (though very incorrectly in most cases,) fistula in ano: its causes, its phenomena, the indications to be fulfilled in its management, have all been clearly and positively demonstrated; it would therefore be worse than useless for us to enter, at this late period, into an elaborate history of the disease. It will be necessary, however, to notice the usual divisions of fistulæ, in order to render apparent the design and *modus operandi* of the instrument about to be described. When a discharge by incision of the contents of an abscess situated in the neighbourhood of the rectum has been too long delayed, the matter will of its own accord force for itself an opening, either through the external parts in the neighbourhood of the anus, or through the parietes of the rectum. Occasionally it happens, that we have both an internal and external orifice, existing at one and the same time. These different conditions have given rise to a division of anal fistulæ into three species—1st, those in which the matter escapes by one or more openings through the integuments alone, and which are called “blind external fistulæ;” 2d, those in which the matter empties into the cavity of the rectum, and no external opening exists, which are called “blind internal;” and 3d, those in which an opening exists both in the gut and skin, which are termed “complete fistulæ.” Notwithstanding the assertion of MM.